

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

18621

State File No. _____

FILED JUN 7 1957

318

1003

Registrar's No. 4970

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		
1. PLACE OF DEATH a. COUNTY _____			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (in this place) _____		c. CITY OR TOWN St. Louis		
d. FULL NAME OF HOSPITAL OR INSTITUTION 3780 Keokuk St			e. STREET ADDRESS (If rural, give location) 3780 Keokuk St			
3. NAME OF DECEASED (Type or Print) ANNA		a. (First) _____ b. (Middle) _____ c. (Last) EHRHARDT		4. DATE OF DEATH (Month) (Day) (Year) 5-25-1957		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow	8. DATE OF BIRTH 10-20-1868		9. AGE (In years last birthday) 88	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At Home		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (City and State or Foreign Country) Germany		
12. CITIZEN OF WHAT COUNTRY? U.S.A.						
13a. FATHER'S NAME Joseph Friedrich		13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE _____		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Adelia Schlosser ADDRESS 3780 Keokuk St		
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		19. MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Dissecting Aneurysm Abdominal ANTECEDENT CAUSES Diathermy Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) Generalized Arteriosclerosis II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			INTERVAL BETWEEN ONSET AND DEATH 1 Week 1 Week 3	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? 2 YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 451X		
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____		
22. I hereby certify that I attended the deceased from June 1957 , to May 25, 1957 , that I last saw the deceased alive on 5/25/57 , 1957, and that death occurred at 12:00 P.M. , from the causes and on the date stated above.						
23a. SIGNATURE Carl Smith (Degree or title) _____		23b. ADDRESS 5703 Chippewa		23c. DATE SIGNED 5/27/57		
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 5-28-1957		24c. NAME OF CEMETERY OR CREMATORY Sunset Burial Park		
24d. LOCATION (City, town, or county) (State) 10160 Gravois Road Mo		24e. FUNERAL DIRECTOR'S SIGNATURE Carl Smith ADDRESS 6409 Gravois Ave				

(Licensed Embalmer's Statement on Reverse Side)

Dr. Billeutel Keller Bldg
WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

17000011

ainal.32

ainal.32

to Koonik 0270

to Koonik 0270

1901-02-0

1901-02-0

1901-02-0

02

1901-02-0

1901-02-0

1901-02-0

1901-02-0

0270

0270

0270

0270

0270

to Koonik 0270

to Koonik 0270

to Koonik 0270

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by, Student Embalmer No. working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....
434

Licensed Embalmer No.

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.

0270

0270